

MORRISON | FOERSTER425 MARKET STREET
SAN FRANCISCO
CALIFORNIA 94105-2482TELEPHONE: 415.268.7000
FACSIMILE: 415.268.7522

WWW.MOFO.COM

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NAME:	FACSIMILE:
MS Amendment U.S. Patent and Trademark Office	(571) 273-8300

FROM: Michael R. Ward,
Reg. No. 38,651**DATE:** November 22, 2005

Number of pages with cover page:	10	
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ATTORNEY DOCKET NO.: 506612000100
SERIAL NO.: 10/006,290
FILING DATE: October 22, 2001
INVENTOR(S): Jay WOHLGEMUTH et al
TITLE: LEUKOCYTE EXPRESSION PROFILING
EXAMINER: B. Sisson
GROUP ART UNIT: 1634**Papers attached herewith:**

1. Transmittal - 1 pg.
2. Fee Transmittal - in duplicate, 2 pgs.
3. Petition for Extension of Time - 1 pg.
4. Response to Restriction Requirement - 5 pgs.

sf-2039502

NOV 22 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0691-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/006,290
		Filing Date	October 22, 2001
		First Named Inventor	Jay WOHLGEMUTH
		Art Unit	1634
		Examiner Name	B. Sisson
Total Number of Pages in This Submission	9	Attorney Docket Number	506612000100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pgs.) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (5 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 pg.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax Coversheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20672)		
Signature	<i>Michael R. Ward</i>		
Printed name	Michael R. Ward		
Date	November 22, 2005	Reg. No.	38,651

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, MS Amendment, at fax no. 571-273-8300, on the date shown below.	
Dated: November 22, 2005	Signature: <i>Laura Tsang</i> (Laura Tsang)

sf-2035264

NOV 22 2005

Approved for use through 7/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4818).

FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$)		60.00	
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
18	-54 = 0	x 25.00 =	0.00

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	-9 = 0.00	x 100.00 =	0.00

<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	180.00	0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	50	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	60.00

SUBMITTED BY			
Signature	<u>Michael R. Ward</u>	Registration No. (Attorney/Agent)	38,651
Name (Print/Type)	Michael R. Ward	Telephone	(415) 268-6237
		Date	November 22, 2005

sf-2035263

NOV 22 2005

• PTO/S&M7 (12-04-2)

Approved for use through 7/31/2008, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<p><small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<p style="text-align: right;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/006,280</td> </tr> <tr> <td>Filing Date</td> <td>October 22, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Jay WOHLGEMUTH</td> </tr> <tr> <td>Examiner Name</td> <td>B. Sisson</td> </tr> <tr> <td>Art Unit</td> <td>1634</td> </tr> <tr> <td>Attorney Docket No.</td> <td>506612000100</td> </tr> </table>		Application Number	10/006,280	Filing Date	October 22, 2001	First Named Inventor	Jay WOHLGEMUTH	Examiner Name	B. Sisson	Art Unit	1634	Attorney Docket No.	506612000100
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Art Unit	1634														
Attorney Docket No.	506612000100														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$) 60.00														

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments </div>	

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Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
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18	- 54 =	0	x 25.00 =	0.00	180.00	0.00
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
1	- 8 =	0.00	x 100.00 =	0.00		

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 =	_____/50	_____ (round up to a whole number) x	_____	_____

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
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SUBMITTED BY			
Signature	<i>Michael R. Ward</i>	Registration No. (Attorney/Agent)	38,651
Name (Print/Type)	Michael R. Ward	Telephone	(415) 268-6237
Date	November 22, 2005		